Case 21-11482-pmm Doc 33 Filed 06/08/22 Entered 06/08/22 17:43:58 Desc Main Page 1 of 2 Document

Fill in this informa	tion to identify your case:	
Debtor 1	Omar Touri	_
Debtor 2 (Spouse, if filing)		_
United States Bar	nkruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
Case number	21-11482	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	rm 106l	MM / DD/ YYYY
Schodulo	I. Vour Incomo	WWW / DD/ 1111

Scheaule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Describe Employment							
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse				
	If you have more than one job,	Employment status	■ Employed	■ Employed				
	attach a separate page with information about additional		☐ Not employed	☐ Not employed				
	employers.	Occupation	ServiceNow Platform Architect					
	Include part-time, seasonal, or self-employed work.	Employer's name	Reading Hospital					
	Occupation may include student or homemaker, if it applies.	Employer's address	PO Box 16052 Reading, PA 19612-6052					
		How long employed th	here? 6.5 years					

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. Calculate gross Income. Add line 2 + line 3.

			non-fili	non-filing spouse				
2.	\$	10,445.74	\$	0.00				
3.	+\$	0.00	+\$	0.00				
4.	\$	10,445.74	\$	0.00				

For Debtor 2 or

For Debtor 1

Official Form 106I Schedule I: Your Income page 1

Debtor	omar Touri		Cas	se number (if kr	nown)	21-1148	32		
(Copy line 4 here	4.	F 0	or Debtor 1 10,445	5 7 <i>4</i>		btor 2 or ing spous	e 00	
			Ψ	10,440	,,, ,	Ψ		<u> </u>	
	List all payroll deductions:	Fo	¢	2.07/		¢.	0	00	
	5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans	5a. 5b.		2,074	0.00	\$		00 00	
	5c. Voluntary contributions for retirement plans	5c.).67	\$		00	
	5d. Required repayments of retirement fund loans	5d.).57	\$		00	
	5e. Insurance	5e.		1,240		\$		00	
Ę	5f. Domestic support obligations	5f.	\$		0.00	\$		00	
5	5g. Union dues	5g.	. \$	C	0.00	\$	0.	00	
	5h. Other deductions. Specify:	_ 5h.	.+ \$	C	0.00	+ \$	0.	00	
6.	Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	4,395	5.29	\$	0.	00_	
7. (Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	6,050).45	\$	0.	00_	
	List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
	monthly net income.	8a.	. \$	C	0.00	\$	3,957.	48	
8	8b. Interest and dividends	8b.	. \$		0.00	\$		00	
8	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce								
	settlement, and property settlement.	8c.			0.00	\$		00_	
	8d. Unemployment compensation	8d.			0.00	\$		00	
	8e. Social Security	8e.	. \$		0.00	\$	0.	00	
(8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	C	0.00	\$	0.	00	
8	8g. Pension or retirement income	_ 8g.	. \$		0.00	\$		00	
8	8h. Other monthly income. Specify: 2021 pro rated refund	_ 8h.	.+ \$	53	3.83	+ \$	0.	00	
9.	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	53	3.83	\$	3,957	.48	
10 (Calculate monthly income. Add line 7 + line 9.	10.	\$	6,104.28	+ \$	3,957	.48 = \$	10.0	61.76
	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		*	0,104.20	. * -	0,007		10,0	010
11. \$	State all other regular contributions to the expenses that you list in Schedule and Include contributions from an unmarried partner, members of your household, your other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not a Specify:	depe					edule J. 11. +\$		0.00
\	Add the amount in the last column of line 10 to the amount in line 11. The result write that amount on the Summary of Schedules and Statistical Summary of Certain applies						12. \$	10,0	61.76
13. I	Do you expect an increase or decrease within the year after you file this form? No.	?						thly inc	ome
'	■ No. ✓ Yes. Explain:								

Official Form 106l Schedule I: Your Income page 2